



Prior Authorization Request

Community Support and Services Providers / CSSP

Provider Information			
Provider Name:		<input type="checkbox"/> Initial Request <input type="checkbox"/> Concurrent Request	
Date Submitted:		Contracted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider NPI (if applicable):		Provider Tax ID (TIN):	
Provider Medicaid ID:			
Contact Name:		Email Address:	
Phone:		Fax:	
Provider Address:			
CSSP Certification: Base <input type="checkbox"/> Intensive <input type="checkbox"/> Enhanced <input type="checkbox"/> (Services are contingent upon CSSP certification type held)			
Member Information			
Member Name:		Member DOB:	
CareSource PASSE ID#:		Member Medicaid ID:	
Care Coordinator Name:			
ICD-10 Diagnosis Code(s):		Diagnosis Description:	
In DCFS Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	AR 911:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service(s) Request			
Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Retrospective <input type="checkbox"/>			
CODE	Description	Authorization Period	# of Units

INSTRUCTIONS:

- 1.) This form should be used by CSSP providers requesting a combination of 1915(c) and 1915(i) waiver services.
- 2.) Please refer to Prior Authorization Guidance Page 2, before completing Page 1.
- 3.) All services should be reflected on the Person-Centered Service Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and Care Coordination. Care Coordination assignment can be found in the Provider Portal or by emailing carecoordination@caresourcePASSE.com.
- 4.) The following are the current methods for submitting an authorization. **Completed form is required.**
 - a. Email: ServiceDeterminations@caresourcePASSE.com
 - b. Fax: 1-844-542-2605
- 5.) The CareSource Provider Portal is not available for submission of these services; however, you will be able use the portal for viewing the status.

Services are subject to change: Please refer to CareSource Prior Authorization, Custom Fee Schedules (c) or (i) for most up to date information. **

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PRIOR AUTHORIZATION SERVICE GUIDANCE PAGE

CODE	Description	Authorization Time Period	Limits / Recommended Documentation
S5160 S5161 S5162 S5165 U1	<p>Adaptive Equipment Adaptive Equipment, PERS service fee per month Adaptive Equipment PERS, purchase only. Adaptive Equipment, per service</p> <p>1 unit per equipment item</p>	Up to 6 months or end of calendar year	<p>Please visit CareSource policies: PCSP, Statement of Necessity on how support services will prevent disruption to members ability to live in the community; plan for how the member/family will be trained, warranty information on parts and/or services, pictures of current and proposed modifications; 3 quotes if modification > than \$1000.; Invoice required.</p>
T2020 UA + U1	<p>Community Transition Services</p> <p>1 unit per itemized reimbursement</p>	Up to 1 year or end of calendar year	<p>PCSP, HDC clinical, Itemized documentation as to how the funds requested will be used help with set-up expenses for clients transitioning from institutional setting, invoice submitted in advance of the supplies with prices (not food); provider should not buy items in advance. Invoice required.</p>
T2025 UK T2025 U1 T2025 U3 T2025 U4	<p><u>Consultative Services</u> Care Planning Behavior Support Testing/Assessment Goal Training</p> <p>1 unit = 1 hour</p>	Up to 6 months	<p>PCSP, type of consultation, staff certification providing the consultation service, how the consultation provided will assist the member and team in carrying out goals in the PCSP. Limits: Annually cannot exceed \$1320</p>
T2034 UA U1	<p>Crisis Intervention</p> <p>1 unit = 1 hour</p>	Up to 6 months	<p>PCSP, Detailed narrative on need for crisis intervention to include frequency, duration, description of behaviors. Individual provider plan indicating how crisis intervention will be utilized. If behavioral health symptoms, evidence of collaboration with psychiatric support.</p>

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<p>K0108 UB</p>	<p>Environmental Modifications</p> <p>1 unit per itemized reimbursement</p>	<p>Up to 1 year or end of calendar year</p>	<p>Please visit CareSource policies:</p> <p>PCSP, Statement of Necessity on how support services will prevent disruption to members ability to live in the community; plan for how the member/family will be trained, warranty information on parts and/or services, pictures of current and proposed modifications; 3 quotes if modification > than \$1000.; Invoice required.</p>
<p>S5151 UF S5151 U6 S5151 UN S5151 U6 UN</p>	<p>Care Giver Respite 1:1 (<12 hrs./not overnight) Care Giver Respite 1:1 (>12 hrs./ overnight) Care Giver Respite Shared (<12 hrs./not overnight) Care Giver Respite Shared (>12 hrs./ overnight)</p>	<p>Up to 6 months</p>	<p>PCSP, Detailed narrative on need for crisis respite including anticipated length of need.</p>
<p>T2028</p>	<p>Specialized Medical Supplies</p>	<p>Up to 6 months</p>	<p>PCSP, Statement of Necessity on how supplies will support independence, Plan for how the member/family will be trained. Invoice required.</p>
<p>T2020 UA</p>	<p>Supplemental Support Services</p> <p>Processed as 1 unit – must submit invoice with total costs.</p>	<p>Up to 6 months</p>	<p>PCSP, how this support will help members ability to live in the community; referral from medical professional (i.e. gym membership, camps,) plan for how the member/family will be trained; 3 quotes if supports > \$1000. Invoice required.</p>
<p>H2023 U1 + UA H2023 UK H2023 UA + UB H2023 UQ H2023 U3 + UA H2023 U2 + UA</p>	<p>Supported Employment</p> <p>Discovery & Career Planning Extended Services Job Coaching 1:1 Job Coaching Shared Staffing Job Path Job Development</p> <p>1 unit = 15 minutes</p>	<p>Up to 6 months</p>	<p>PCSP, Individual Career profile, Arkansas Rehabilitation Services letter of closure, Employment Plan with job goals focused on acquiring and maintaining competitive employment, progress notes.</p>

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H2016 all codes	For Supportive Living/Complex Care/Transportation requests visit: LINK or contact service.determinations@caresourcepasse.com	Up to 6 months	Must use Supportive Living prior authorization form. Additional services from this list can be added to the Supportive Living authorization form.
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CODE	Description	Authorization Guidelines	Recommended Documentation
H0040	Assertive Community Treatment	TBD	Contact servicedeterminations@caresourcepasse.com
H2017 UB + U4 UA U4	Adult Rehabilitative Day (18+)	Prior Authorization required after 960 units of the following codes in combination per year; 1 unit = 1 hour. Up to 6 months / end of calendar year	Assessment/evaluation, recovery plan, progress notes, med management / therapy notes
H2017 U3, U4, +U4 U5	Adult Life Skills Development	Prior Authorization required after 200 units of all codes in combination per quarter; 1 unit = 1 hour. Up to 6 months / end of calendar year	Assessment/evaluation, recovery plan, progress notes, med management / therapy notes
90791, 90792, H0001 + Modifiers	Assessments / Evaluations	End of calendar year; Prior Authorization required when 1 unit of any evaluation code has been exhausted.	Justification as to need for additional Assessment; Prior Assessment as available
H2019 U4 UC	Behavioral Assistance	Prior Authorization required after 300 units of all codes in combination per year; 1 unit = 15 min. Up to 6 months / end of calendar year	Assessment summarizing risk for out of home placement, treatment goals documenting settings for interventions, progress notes, medication management notes
H2015 UC U, U1 U4	Child & Youth Supports	Prior Authorization required after 120 units of all codes in combination per year; 1 unit = 15 min. Up to 6 months / end of calendar year	Assessment/evaluation documenting risks for of home placement, Treatment plan, progress notes, additional service needs received by youth/family
H2011 U4, U5, U6	Crisis Stabilization	Prior Authorization required after 72 units of all codes are used per year. 1 unit = 15 min.	Treatment plan, Crisis Stabilization notes and interventions., Psychiatric Assessment

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H2014 UC U4, U4	Family Support Partners	Prior Authorization required after 120 units of all codes in combination per year. 1 unit = 15 min. Up to 6 months / end of calendar year.	Assessment/evaluation documenting risks for of home placement, Treatment plan, progress notes, additional service needs received by youth/family
H0037 U4	Intensive In-home Services	Prior Authorization required; Initial = 90 days. Concurrent = 30 days 1 unit = 1 per day	Contact servicedeterminations@caresourcePASSE.com
H2017 UC + U4	Life Skills Development (youth)	Prior Authorization required after 300 units of the following codes in combination per quarter; Up to 6 months / end of calendar year	Assessment/evaluation, recovery plan, progress notes, med management / therapy notes
H0035, U4	Partial Hospitalization	Prior Authorization required; maximum of 40 units; 1 unit = 1 per day.	Treatment Plan, medication management notes, psychosocial Assessment, evaluations, ASAM
H2014 UC + U4	Peer Support	Prior Authorization required after 120 units of the following codes in combination per year; 1 unit = 15 min.	Assessment/evaluation, recovery plan, progress notes, med management / therapy notes
H0034 TD U4	Pharmacological Counseling	Prior Authorization required when 12 units combined have been exhausted. 1 unit = 1 encounter	Psychiatric assessment, therapist notes, medication management notes
H2020 U4	Residential Community Reintegration	Prior Authorization required; 180 Day authorization period. 1 unit = 1 day	Treatment plan, progress notes, active discharge planning to include family, DCFS, medication management notes
S5151 U4, U1	Respite (Planned and Emergency)	Prior Authorization required	Admission assessment; psychiatric assessment: plan of care with goals and progress.
H0014 U4	Substance Use Detox	Prior Auth required after 6 encounters per year: 1 unit = 1 encounter	Assessment; ASAM, medication management notes; lower levels of care attempted to include Medication Assisted treatment (MAT)
H2023 U4	Supportive Employment	Prior Auth Required 1 unit = 1 hour.	Admission assessment; employment plan with goals and progress.
H0043 U4	Supportive Housing	Prior Auth required if exceeding 60 units per quarter. 1 unit = 1 hour	Admission assessment; psychiatric assessment: plan of care with goals and progress.
H0019 UC U4, HQ	Therapeutic Communities	Please visit Prior Authorization for TC Prior Auth form	See Therapeutic Communities Prior Auth specific form
90832, 90834, 90837 + all modifiers	Therapy (individual)	Prior Authorization required when 24 units of individual codes combined have been exhausted. 1 unit = 1 session.	Admission assessment; psychiatric assessment; treatment plan with goals and progress.

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90846, 90847 + all modifiers	Therapy (family)	Prior Authorization required when 24 units of individual codes combined have been exhausted. 1 unit = 1 session.	Admission assessment; psychiatric assessment; treatment plan with goals and progress.
90853 + all modifiers	Therapy (group)	No Prior Authorization required; unlimited benefit.	Admission assessment; psychiatric assessment; treatment plan with goals and progress.

AR-PAS-P-2417205

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